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Country note**

Cameroon

Summary

The Executive Director presents the country note for Cameroon for a programme of cooperation for the period 2003 to 2007.

The situation of children and women

1. With a population of 15 million, 56 per cent of whom are under 20 years of age, and a gross national product of $668 (according to the 2001 United Nations Common Country Assessment (CCA)), Cameroon is marked by political stability and geographic and ethnic diversity. At the end of the 1986/96 recession, repercussions of which are still felt today, 50.5 per cent of the population lived below the poverty line, with significant regional and sex disparities. Poverty has an increasingly feminine face, affecting women in particular. During the period 1991/97, only 6.7 per cent of public spending and 5.4 per cent of official development assistance were devoted to basic social services, well below 20/20 commitments.

2. Further to a general deterioration of social and economic conditions, the Government initiated a series of reforms, which included: financial stabilization measures; reorganization of the banking system; the privatization of public companies; an anti-corruption campaign; and liberalization of political activity and

* E/ICEF/2002/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2002.

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the media. The cumulative effect of these actions was an economic upturn and an average annual growth of 4.5 per cent since 1997, tied to oil revenues. Cameroon was admitted to the enhanced Highly Indebted Poor Countries Initiative in 2000. An interim Poverty Reduction Strategy Paper (PRSP) was prepared, and a final version is being developed. Economic growth, the provision of basic social services and the protection of vulnerable groups are key strategies of the document.

3. The end-decade report on the objectives of the World Summit for Children in Cameroon revealed a general worsening of survival and development indicators. Infant and under-five mortality rates rose from 65 to 77 and from 126 to 151 per 1,000 live births, respectively, in the period 1989-1996. Overall vaccination coverage stagnated at 45 per cent. Low access to health services (53 per cent), potable water (52 per cent) and sanitary excreta disposal (75 per cent), especially in rural areas, accentuate an already precarious health situation. Ageing equipment, unmotivated staff and inappropriate strategies worsen the situation. Malnutrition increased between 1991 and 1998, with stunting rising from 24 to 29 per cent and under weight from 14 to 22 per cent. A low rate of exclusive breastfeeding for three months (15 per cent) and diarrhoeal diseases, measles and acute respiratory infections further compound the situation. Among children 1-5 years old, 57 per cent are anaemic and 39 per cent deficient in vitamin A. Insufficient food availability, poor feeding practices in certain regions and poor access to nutrition information give rise to this situation. According to the 2000 national strategic plan, HIV/AIDS sero-prevalence increased from 0.5 per cent in 1987 to 11 per cent in 2000. The pandemic has had a devastating impact on affected families already weakened by social changes and poverty. There are an estimated 45,300 HIV-positive children.

4. Only 15 per cent of children aged 3-5 years are enrolled in pre-school education programmes, owing largely to poor structures, inappropriate programmes and low parental awareness of benefits. As a result of increased resource allocation for basic education and the abolition of primary school fees, gross enrolment rates rose during 1996-2001. Nevertheless, the 2000 overall level of 83 per cent (71 per cent for girls) does not reach the pre-1990 level. The overall net enrolment rate of 68 per cent masks regional disparities, with northern provinces lagging far behind. Repetition and drop-out rates are high (30 and 11 per cent, respectively), and only 59 per cent complete fifth grade. This situation can be attributed to a significant gap between supply and demand in the education sector, within an environment of rapid population growth (2.8 per cent) and economic adjustment.

5. Over time, the negative effects of the above-mentioned factors impact upon older groups of children. Those with special protection needs are out-of-school, affected by HIV/AIDS, engaged in exploitative labour, homeless, deprived of liberty and trafficked. The origins of these conditions lie in the weakening or breakdown of families and the lack of appropriate social responses.

6. With a maternal mortality ratio of 430 per 100,000 live births in 1996, only 58 per cent of deliveries are assisted by trained personnel. With generally low levels of education, women are unable to secure employment to adequately supplement their families' incomes. They have limited access to information on life-saving and life-improving health and nutrition interventions. Further increasing their marginalization are certain harmful traditional practices (female genital mutilation, inheritance of widows) and a legal system not yet harmonized with the Convention on the Elimination of All Forms of Discrimination against Women.

Lessons learned from past cooperation

7. According to the mid-term review (MTR), programme performance could have been enhanced by a more integrated and holistic approach as opposed to a sector-specific approach. The health and nutrition programme focused almost exclusively on health interventions, with nutrition activities being limited primarily to selected micronutrients. Early childhood development activities concentrated mostly on pre-schools. Despite evidence of increasing adolescent vulnerability, activities undertaken did not focus on their reproductive health, participation or special protection needs. Communication activities focused largely on central-level advocacy and media instead of on communication for behaviour change.

8. Many of the difficulties encountered relate to weak coordination at the national level. On the recommendation of the MTR, an intersectoral committee, composed of representatives of the Government and UNICEF, was established to monitor programme objectives. While it is premature to confirm the ability of this mechanism to ensure the effective, long-term coordination of the country programme, the committee's experience — promising to date — lays the groundwork for future coordination. Strengthened national- and field-level partnerships will be essential for the effectiveness and visibility of the programme. The gender approach has yet to be internalized and mainstreamed by the development of the country programme.

9. At the field level, sectoral activities frequently occurred in disparate geographic locations, precluding synergy. Evaluations of the health programme and the basic services for Pygmy sub-project underscored the importance of convergent, area-based activity. The importance of establishing a zone for such activity for better and more sustainable results emerged as an important lesson.

Proposed country programme strategy

10. The proposed strategy was adopted at a strategy meeting between UNICEF and its partners in August 2001. It is based on several important principles: those articulated by the Government in its interim PRSP; the UNICEF medium-term strategic plan for 2002-2005; the UNICEF core corporate commitments in emergencies; the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; and CCA perspectives. Cameroon's initial report on implementation of the Convention on the Rights of the Child will be reviewed in October 2001.

11. The programme cycles will be harmonized as of the coming period. Areas of action complementary to the proposed programme include the United Nations Population Fund on reproductive health, the United Nations Development Programme on income generation and the World Food Programme on school feeding. United Nations inter-agency collaboration through the United Nations Development Assistance Framework will focus on poverty reduction and the provision of basic services. Partnerships with non-governmental organizations (e.g. CARE, PLAN) will focus primarily on protection issues. Bilateral and multilateral support will be strengthened in areas where UNICEF expertise is limited, notably in income-generating activities and the construction of schools. Academic institutions will enhance programme focus and effectiveness, particularly in research.

12. The goal of the 2003-2007 country programme will be to contribute to the creation of an environment where children's rights to survival, development, protection and participation will be respected, protected and fulfilled. A combination of basic strategies will help to realize the programme objectives, including: advocacy and the development of partnerships to promote the full realization of children's rights; disparity reduction through gender mainstreaming and targeting the most vulnerable groups to ensure that all children benefit from a minimum package of services; strengthening institutional- and community-level capacities to consolidate, extend and sustain achievements; facilitate synergy among interventions, thereby improving their efficiency and effectiveness; and the monitoring, evaluation and documentation of programme interventions. The strategies will be prioritized according to the requirements of each programme.

13. The country programme will be national in scope. Nevertheless, the provinces of Adamawa, North, Far North and East, as well as pockets of poverty in urban areas such as Yaoundé and Douala, covering about 47 per cent of the total population, will serve as locations of intervention. Adamawa will serve as the location of area-based activity in which all programme sectors will converge. These localities have been selected owing to the extent of the problems confronting children and women, previous experience, and the potential for developing strong partnerships within the United Nations system and with others. Five programmes are proposed, two cross-cutting and three related to age groups in the life cycle.

14. The **planning, evaluation and communication** programme merges key cross-cutting functions to focus on popularizing and monitoring the application of child rights. Promoting appropriate social policies and the adoption of positive behaviours will encourage the development of a supportive national environment for rights implementation. The programme will support implementation of the PRSP and promote the allocation of increased resources for basic social services. The development of reliable social statistics (e.g. multiple indicator cluster surveys) and the formulation of strategies aimed at reducing poverty, especially among children, will be pursued, as will emergency preparedness. Monitoring, research and evaluation activities for the country programme will be coordinated through an integrated monitoring and evaluation plan, facilitating the reorientation of strategies, as appropriate. Integrated communication planning for programmes will permit adequate formulation of interventions to support the attainment of objectives. Capacity-building, social and community mobilization, and advocacy will be the main strategies.

15. The **survival and development of the young child** programme combines and integrates child development and survival efforts in a synergistic and holistic way. The programme will encompass psychomotor stimulation, maternal and child nutrition, family care practices and the growing negative impact of HIV/AIDS on survival and development. This approach will be guided by the Government's health sector strategy and include components focusing on maternal and neonatal health promotion, immunization plus, strengthening the essential health package, the Integrated Management of Childhood Illness, the control of micronutrient deficiencies, family empowerment and strengthening community-based activities in Adamawa province. Interventions to help prevent mother-to-child transmission of HIV will be undertaken nationally in high-risk zones following vulnerability mapping. Principal strategies will include service delivery, capacity-building and community participation.

16. The **basic education of the child** programme will support the Government's education sector strategy by focusing on improving educational quality and relevance, and disparity reduction, especially between sexes and geographic regions. It will develop further the non-formal approach to education, especially for out-of-school children; broaden the "child-friendly schools" initiative; and promote the school where the child can learn in a healthy, friendly and nurturing environment. The programme will pay particular attention to girls' education, the systematic evaluation of school programmes, and the participation of families and communities. Primary strategies will be social mobilization, service delivery, capacity-building and community participation.

17. The **development and participation of the adolescent** programme encourages an environment favourable to the development and participation of young people. Starting from the family, the community, the legal and the general policy environment, the programme will attempt to influence the factors surrounding HIV transmission and minimize the pandemic's impact on adolescents and their families. The programme will help to equip adolescents with the practical skills needed to communicate and negotiate with both their peers and adults, as is promoted via the Children's Parliament. The collection and dissemination of data on adolescent health, and access to age- and sex-specific information on healthy behaviours and the prevention of health problems, will be the focus of this programme. Its major strategies will include empowerment and capacity-building.

18. The cross-cutting programme, **special protection**, will focus on strengthening legal and institutional frameworks to ensure the harmonization of legislation with the Convention on the Rights of the Child and other international legal instruments related to children's rights. The programme will advocate for the routine registration of all births. Special emphasis will be placed on vulnerable groups, particularly children affected by HIV/AIDS, children in conflict with the law and exploited children. Advocacy at all levels, capacity-building and empowerment will serve as the principal programme strategies.

19. **Cross-sectoral costs** will provide for the pooling of the costs needed to support all programmes. Further, the Government will provide counterpart funding for each programme in the state's annual budget.

Estimated programme budget

Estimated programme cooperation, 2003-2007[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Planning, evaluation and communication	2 148	–	2 148
Survival and development of the young child	3 357	1 500	4 857
Basic education of the child	3 357	1 500	4 857
Development and participation of the adolescent	2 014	1 000	3 014
Special protection	1 343	1 000	2 343
Cross-sectoral costs	1 209	–	1 209
Total	**13 428**	**5 000**	**18 428**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country programme strategy note**

Côte d'Ivoire

Summary

The Executive Director presents the country programme strategy note for Côte d'Ivoire for a programme of cooperation for the period 2003 to 2007.

The situation of children and women

1. Côte d'Ivoire has 15 million inhabitants, of whom 52 per cent are under 18 years of age. The political situation remains tenuous in the wake of the social and political events of 1999 and 2000. In the 1999 Human Development Index, Côte d'Ivoire ranked 154th out of 174 countries, or nine ranks lower than in 1995. The per capita gross national product (GNP) stands at $670, according to the World Bank (1999). The gross domestic product fell by 2.5 per cent in 2000. Service on the external debt climbed to $1 billion in 1999 and the debt itself to $15 billion. Investment and operating expenditures in the education and health sectors in 1999 represented only 5.4 per cent and 1.6 per cent of GNP, respectively. A third of the population lives below the poverty threshold. A target of immigration because of its economic prosperity in the 1970s, Côte d'Ivoire is witnessing the phenomenon of child trafficking for the purposes of economic exploitation. The Government, with

* E/ICEF/2002/2.
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the support of its development partners, is currently preparing a strategic poverty reduction framework to ensure the country's eligibility for the Heavily Indebted Poor Countries (HIPC) Debt Initiative.

2. In 2001 Côte d'Ivoire submitted its initial report to the Committee on the Rights of the Child and began to implement the Committee's recommendations. None of the 1990 World Summit for Children goals which the country set for itself in its national plan of action has been achieved. The infant mortality rate and the under-five mortality rate have increased and in 1999 stood at 112 and 171 per 1,000 live births, respectively, as compared with 90 and 150 in 1994. There is a need to investigate the factors behind this rise. The maternal mortality rate remains high at 597 per 100,000 live births (1994). The proportion of births attended by trained personnel is 62 per cent. Despite a fairly good level of geographical access to care (68 per cent) and an increase in immunization coverage for each antigen between 1994 and 1999, the proportion of children who have received three doses of combined diphtheria/pertussis/tetanus vaccine remains relatively low (61.9 per cent in 1999 as compared with 51.4 per cent in 1994). Malaria, acute respiratory infections, diarrhoeal diseases and malnutrition, exacerbated by the poor quality of health care delivery, are the main causes of morbidity and mortality in children. Exclusive breastfeeding during the first four months of life rose from 3 per cent in 1994 to 11 per cent in 2000, mainly because of the Baby-friendly Hospital Initiative. Iodized salt is consumed by only 31 per cent of households. Systematic vitamin A supplementation and national immunization campaigns were introduced in 1999 in order to diminish the high number of children who have never received a vitamin A capsule (67 per cent). Access to drinking water was estimated at 81 per cent in 2000, as compared with 63 per cent in 1988, and 59 per cent of households had hygienic sanitary facilities, as compared with 53 per cent in 1988. The country has faced a cholera epidemic since October 2000 and a yellow fever epidemic since March 2001.

3. The HIV/AIDS pandemic is spreading rapidly and is a major concern. The prevalence rate is estimated at 10.7 per cent for the population as a whole and 13 per cent among pregnant women in urban areas. In six of the country's largest towns, virtually all boys and girls aged 15 to 19 have heard of AIDS. Nevertheless, within that age group, 8 per cent of boys and 17 per cent of girls do not know of preventive methods. Only one third of teenagers say they always use a condom. The prevalence of HIV/AIDS among pregnant girls aged 10 to 14 in Abidjan has grown steadily since 1997. In 2000 this group had the highest infection rate after the 25 to 29-year-old age bracket. Since the start of the epidemic, 420,000 children under 15 years of age have lost their mother or both their parents to HIV/AIDS. Projections indicate that their number could reach 1 million in 2005-2008.

4. The educational system is still facing problems of access, effectiveness and quality, as reflected in: (a) a low net school enrolment rate (57 per cent in 2000); (b) disparities according to region (Bouaké, 64 per cent, and San Pedro, 35.5 per cent) and sex (a gap of 10 percentage points between girls and boys at the national level and up to 22 percentage points in a single department); (c) repetition rates ranging between 20 per cent and 43 per cent from the first to the last year of primary school; (d) low performance rates (32 per cent for girls and 36.5 per cent for boys); and (e) persistent dropout rates (7 per cent of girls and 5.5 per cent of boys drop out of the preparatory course for the first year of primary school).

5. Women continue to suffer discrimination in the family and in society at large, and their rights to health, education, welfare and participation are not always respected. The female illiteracy rate is currently 62 per cent as compared with 40 per cent for men.

6. For many young children, the family and community environment remains scarcely conducive to their physical, psychosocial and cognitive development. Pre-school education reaches 12.6 per cent of children in urban areas as compared with 1.4 per cent in rural areas. With regard to the right to identity, 30 per cent of children have no declared civil status. Moreover, new issues related to child and adolescent welfare are emerging. These include cross-border child trafficking, child labour for the purposes of economic exploitation (14.3 per cent of children aged 6 to 14 engaged in productive labour in 1998 as compared with 10.4 per cent in 1988), and children in emergency situations. The refugee population is estimated at 120,000, of whom 20,000 are school-age children who will enter the Ivorian school system as a result of recent steps taken by the authorities.

Lessons learned from past cooperation

7. Programme implementation, the mid-term review, evaluations and the audit carried out in 1998 have enabled the following lessons to be learned: because of the geographical dispersal of the programme, insufficient coordination of the actions of various partners and a limited assessment of the financial and human resource capacities on the part of the Government and the United Nations Children's Fund (UNICEF), it has not been possible to achieve all the hoped-for results. There is a need for geographical concentration on a limited number of areas and for integrated targeting of high-impact strategies and activities within these areas. There is also a need to assess the feasibility of implementing actions at the decentralized level and to define the roles and responsibilities of each structure, as well as the integration mechanisms.

8. The intake and socialization centres for young children set up under the programme have not always functioned as successful community models for the integrated care of young children. Because of the lack of internalization, monitoring and coordination of the approach on the part of the partners and UNICEF, it has not been possible to combine early learning activities with health and nutritional monitoring or to stimulate community involvement. Continuation of the pilot programme requires a better knowledge of traditional practices with regard to the socialization of young children and an effective coordination of sectoral programme activities between UNICEF and the public services at the central and local levels.

9. The pilot programme on preventing HIV/AIDS transmission from mother to child in four urban health centres in Abidjan made it possible to move from research to a service delivery phase aimed at reducing the mother-to-child HIV/AIDS transmission rate from 25 per cent to 15 per cent. This achievement was possible because of: (a) the commitment of the authorities and real motivation on the part of health and social welfare personnel; (b) the development of a multisectoral partnership; and (c) the strengthening of staff skills in the areas of counselling, voluntary testing, maternal breastfeeding, coordination and supervision of activities. The progressive extension of this pilot programme to the district level should benefit from the lessons learned while developing strategies to limit the attrition (women who "fall through the cracks") seen throughout the process.

Proposed country programme strategy

10. The formulation of the cooperation programme for the period 2003-2007 is based on the priority problems of children and women and on analysis of their determinants and causal mechanisms. The programme relies on the rights and characteristics appropriate to the various stages of life. The choice of priority areas for action and the formulation of strategies take into account the recommendations of the Committee on the Rights of the Child and the priorities set by the Government, the Global Movement for Children and UNICEF for the period 2002-2005, in line with the medium-term strategic plan. It also incorporates the programming thrust developed in the process of preparing the Common Country Assessment, the United Nations Development Assistance Framework and a joint United Nations strategic framework to combat HIV/AIDS.

11. The goal of the 2003-2007 cooperation programme, which comprises five projects, is to contribute to improving the living standards of children and women, with special attention to the most vulnerable groups, while ensuring respect for their rights and the exercise thereof. It will contribute to: (a) reducing infant, child and maternal mortality rates; (b) reducing the prevalence of malnutrition among children under 5 and among pregnant and nursing women; (c) reducing the incidence of HIV/AIDS, with special attention to preventing transmission from mother to child and among teenagers; (d) providing the largest possible number of children with quality basic education while eliminating disparities between girls and boys; (e) creating a family, community and institutional environment conducive to addressing the specific needs of children and teenagers in a manner appropriate to their welfare and development; and (f) improving the design and monitoring of social policies better targeted to children and women and to the most vulnerable populations.

12. At the national level, UNICEF cooperation will focus on disease prevention (through immunization, micronutrients and preventing HIV/AIDS transmission). It will support the formulation of targeted social policies and the effective mobilization of civil society, authorities and planning organs around actions geared to the needs and rights of children, including the allocation of national resources to essential basic services. It will develop advocacy and financial mobilization on behalf of children. The programme will support the definition of a holistic development policy for young children which takes into account national experience and reality.

13. The programme will be concentrated in seven departments (15 per cent of the country's population), including one urban area, chosen on the basis of worrying social indicators. This concentration will make it possible to improve the situation regarding health, nutrition, education, water and hygiene, early learning and child welfare through approaches based on decentralization, integration, community participation and cross-sectoral coordination. Access to quality services will be supported by an integrated communication plan which will place emphasis on an effective participation of community, youth and women's organizations in the microplanning, analysis and decision-making processes linked to the programme. At the same time, the strengthening of communication skills on the part of service providers will help to improve service delivery and give rise to a dynamic of ownership of the actions at the decentralized level. The programme will support the creation of community socialization centres for young children around which early learning, health, nutrition, water and hygiene activities will coalesce. Water, hygiene

and sanitation activities will be based in health centres, schools and community socialization centres with a view to an integration of the services and support for communication aimed at behaviour modification. Specific actions based in certain areas (eradication of dracunculiasis, control of child trafficking and the worst forms of child labour, emergency preparedness and response) will also be carried out.

14. The **health and nutrition** programme comes under the national goals of reducing child and maternal mortality. In synergistic and complementary cooperation with the United Nations Population Fund (UNFPA), the World Health Organization, the German Agency for Technical Cooperation, the Belgian aid agency and non-governmental organizations (NGOs) present in the target areas, district health units will be revitalized in the spirit of the Bamako Initiative, in terms of access, quality and integration of essential delivery and neonatal care, infant care and specific advice and care for teenagers. Revitalization will include capacity-building for health and social welfare personnel, community management structures and NGOs, and communication aimed at the development of appropriate behaviours with a view to strengthening disease prevention (through immunization, epidemiological monitoring, good nutrition and hygiene) and the rapid and adequate assumption of responsibility for them. The programme will contribute to reducing the incidence of HIV/AIDS through the progressive extension at the district level of efforts to prevent mother-to-child transmission. The recommendations of studies on access to and equity of care in urban areas will be implemented in the pilot health centres in Abidjan.

15. The **basic education** programme will support implementation of the primary education components of the national education and training development plan. In complementary and synergistic cooperation with the World Bank, the African Development Bank, the World Food Programme (WFP) and UNFPA, strategies conducive to increasing the net school enrolment rate by at least 10 per cent and helping to keep children, particularly girls, in school, will be initiated in the target areas. An improvement in the quality of education and the environment conducive to learning will be brought about through teacher training, revision of the curricula, education for peace and tolerance and the installation of water points, latrines and hygiene clubs. Alternative and self-perpetuating strategies that take into account the opportunity costs of educating girls will be developed and implemented on a trial basis with community involvement. The programme will seek to extend life skills to children and teenagers outside the school system through literacy projects and coordination between formal schools and Koranic schools. A communicative approach adapted to school and non-school settings will be developed in the target areas, with a view to helping at least 75 per cent of children and teenagers to acquire the knowledge and skills needed to prevent HIV/AIDS.

16. The **child and adolescent welfare** programme seeks to improve the institutional environment and the protection of children and teenagers at greatest risk in partnership with the International Labour Organization, the International Organization for Migration, Save the Children and the International Catholic Child Bureau (BICE). It will involve children who are subject to trafficking for the purposes of exploitation and to the worst forms of child labour, deprived of their liberty, infected with and affected by HIV/AIDS (including orphans), and at risk of harmful practices. Protective measures will include the prevention of acts that violate their rights, social reintegration and access to quality basic services, including in emergency situations. An approach will be implemented that involves teenagers in their own welfare and promotes their participation in decision-making processes.

17. The **social policy, monitoring and evaluation** programme will ensure that the needs and rights of children are taken into account in the formulation and implementation of social policies and programmes through the monitoring and dissemination of key indicators and in coordination with the follow-up of the 20/20 initiative and of the various agreements and conventions. Socio-economic and geographical databases will be developed in the target areas to monitor the situation of children and assess the results of the actions undertaken in line with the integrated monitoring and evaluation plan. At the national level, the programme will support monitoring of the situation and rights of children and the development, in cooperation with the Office of the United Nations High Commissioner for Refugees and WFP, of an early warning system for preventing and responding to emergency situations, including epidemics.

18. The cross-sectoral costs will include a portion of the salary costs contained in the support and operating expenses sections.

Estimated programme budget

Estimated programme cooperation, 2003-2007[a]

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Health and nutrition	6 200	4 000	10 200
Basic education	4 780	2 500	7 280
Child and adolescent welfare	2 505	1 500	4 005
Social policy, monitoring and evaluation	2 478	-	2 478
Cross-sectoral costs	1 700	-	1 700
Total	**17 663**	**8 000**	**25 663**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note**

Guinea-Bissau

Summary

The Executive Director presents the country note for Guinea-Bissau for a programme of cooperation for the period 2003 to 2007.

The situation of children and women

1. Guinea-Bissau has a population of about 1.2 million inhabitants and is classified as one of the world's poorest countries. With a per capita income of $160 in 1999, the human development index places it at 169 out of 174 countries. The external debt amounted to $788.7 million in 1999, four times the gross domestic product. The Government lacks the required resources to invest in human development. The end-decade review shows that most of the 1990 World Summit for Children goals have not been achieved. The armed conflicts that occurred in 1998 and 1999 have seriously affected the country, destroying the already modest infrastructures in place. Many health facilities, including the national hospital, the central vaccination and drugs warehouses, the national laboratory and the epidemiological services, were damaged and looted. Hence, health services were practically paralysed. Between 1996 and 1999, the percentage of births attended by trained health personnel dropped from 31 to 18 per cent, and the proportion of one-

* E/ICEF/2002/7.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2002.

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year-olds fully immunized decreased from 30 to 15 per cent. In 1999, the number of meningitis cases rose to 2,860, with a case fatality rate of 15 per cent.

2. The multiple indicator cluster survey (MICS) conducted in 2000 proved to be the most important survey in the country since the 1991 census. It updated information on key social indicators and provided useful tools for development planning, including the formulation of the Poverty Reduction Strategy Paper (PRSP). The MICS offered the opportunity of a truly joint effort of the Government, United Nations agencies and the World Bank. In spite of the turmoil the country experienced between 1994 and 2000, infant and under-five mortality dropped from 142 and 239 per 1,000 live births to 124 and 203 per 1,000, respectively. This positive trend is due mainly to the improved case management of malaria and diarrhoeal dehydration, the main child killer diseases. As a result of past efforts, 67 per cent of children under five years old now sleep under a bednet and 11 per cent under an impregnated bednet. However, other diseases, including acute respiratory infections, measles and malnutrition, continue to take their toll on children under five years old. Among these children, 25 per cent are under weight and 30.4 per cent are stunted. Only 1.7 per cent of households have adequately iodized salt. About 42 per cent of children under four months of age are breastfed exclusively.

3. During the period 1995-1999, the prevalence of HIV-1 among hospitalized patients increased from 4 to 14 per cent, while HIV-1 and 2 combined increased from 3 to 6 per cent. The risk factors include the deterioration of values, delinquency, poverty and prostitution. The lack of diagnostic equipment, treatment and counselling services further compounded the situation. Only 12 per cent women of child-bearing age know all three of the main ways to prevent HIV transmission. Maternal mortality is most likely underestimated at 349 per 100,000 live births. Social and cultural factors such as early marriages and female genital mutilation (FGM) are risk factors, particularly in the regions of Gabu and Bafata. About 60 per cent of the population have access to safe drinking water and 63 per cent live in households with sanitary means of excreta disposal.

4. Many school infrastructures were destroyed, including the National Institute for the Development of Education and teacher-training schools. Over 500 classrooms and 2,000 desks were destroyed or stolen. The number of children in the first four grades of elementary basic education has decreased from 99,337 in 1997-1998 to 53,084 in 1998-1999. Gender disparities in education cut across all regions; 42.4 per cent of children of primary school age are enrolled (45.9 per cent for boys and 38.9 per cent for girls). Only 36.6 per cent of the population over 15 years of age are literate (52.6 per cent for males and 23.8 per cent for females). Among children aged 36-59 months, 6.5 per cent are attending a formal early childhood education programme. About 58 per cent of children under five years old are not registered at birth. Limited access to education, the school drop-out rate and the lack of opportunities for employment create very difficult conditions for youth.

5. About 5 per cent of children aged 5-14 years engage in paid work, and about twice as many participate in unpaid work. The number of child soldiers who have yet to be demobilized is estimated at 603. The issue of trafficking of children is becoming a concern. The Convention on the Rights of Child was ratified in 1990, but the initial report was only submitted to the Committee on the Rights of the Child in 2000.

Lessons learned from past cooperation

6. Despite a post-conflict context, synchronized National Immunization Days under the "Health Initiative for Peace" conducted in the neighbouring countries have yielded high coverage, with 7 per cent of polio zero doses among vaccinated children. These encouraging results are due to the effective mobilization of decision makers, journalist networks, religious leaders, the private sector and communities. Evaluation of the expanded programme on immunization revealed that the performance of routine vaccination services would have been better if the Government had designed a more systemized planning process. Conditions are now favourable to reactivate salt iodization. A recent study revealed significant potential in the area of production and sale of iodized salt, the machines for production are in place, the capacity of producers (all women) has been strengthened, and there is an increasing political commitment. In light of the war experience, the education system proved to be an ideal channel to experiment with and inculcate values of tolerance, peace and respect of human rights.

7. The 2000 mid-term review (MTR) pointed out the need to give increased attention to youth development, HIV/AIDS and malaria. More attention needs to be given to services that address child protection concerns, including birth registration. A nationwide birth registration campaign revealed factors related to non-registration in addition to those revealed by the MICS such as cost, distance or lack of knowledge. These include the belief that a newborn cannot be registered until the family feels that the infant will survive, as well as cultural practices that delay the registration of a child until after ritual naming ceremonies have taken place. The MTR also underlined that UNICEF interventions need to be targeted more realistically in light of the institutional and financial situation of the Government, with an increased emphasis on partnerships with regional entities.

Proposed country programme strategy

8. The 2003-2007 country programme strategy has been developed from a life cycle and rights-based situation assessment and analysis of Guinea-Bissau children and women which complements the Common Country Assessment. The programme is articulated around the PRSP prepared by the Government in the context of the implementation of the enhanced Highly Indebted Poor Countries Initiative. The development of the programme involved all partners. The five organizational priorities of the UNICEF medium-term strategic plan for the period 2002-2005 have been discussed in depth with partners through task forces. The Government endorsed these priorities during the strategy meeting coordinated by the State Secretary of Planning.

9. The programme builds on close links with large initiatives, particularly those of the World Bank and the African Development Bank through the National Health Development Plan and the Project of Support to Basic Education. It also builds on extensive collaboration with other United Nations agencies within the United Nations Development Assistance Framework based on a joint mapping of interventions, particularly among the United Nations Population Fund, the United Nations Development Programme and UNICEF, whose programme cycles are harmonized. Alliances will be established and strengthened with traditional

authorities, communities, non-governmental organizations (NGOs) and civil society organizations.

10. The programme builds on a two-pronged approach which seeks to: (a) contribute to meet the urgent needs for building and strengthening institutional frameworks and knowledge towards the respect, protection and fulfilment of children's and women's rights; and (b) provide a rapid response to emergencies. The primary objectives are to contribute to: (a) reducing infant and under-five mortality rates by 15 per cent, and the maternal mortality ratio by 10 per cent; (b) ensuring access to quality schooling for girls in particular; and (c) ensuring preparedness for and an adequate response to emergencies.

11. The programme will pursue and consolidate current interventions for the rehabilitation of basic social services, and progressively pave the way for a longer-term social development process. The basic strategies will include capacity-building of key central and regional partners in programme planning and implementation; social and political mobilization for child rights; service delivery; extended partnerships; and advocacy. While the programme has a national coverage for some projects, three regions with weak social indicators will benefit from all interventions. This aims at increasing programme impact in these regions through support to decentralized and synchronized actions. Four interrelated programmes will be developed: protection and participation; primary health care (PHC); basic education; and social policy and communication for development. Each programme will incorporate an emergency component.

12. The **protection and participation** programme will focus on the realization of child rights by contributing to the creation and development of legal frameworks and mechanisms to ensure the protection of children and adolescents. Birth registration campaigns will be pursued. Women's and youth associations, community organizations and NGOs, as well as traditional and religious leaders, will be involved in the process of building institutional capacity for the better protection of children and adolescents. Basic information and services will be provided to adolescents in areas such as disease prevention and particularly HIV/AIDS awareness and control, reproductive health and prevention of drug abuse. The intervention capacity of stakeholders will be strengthened in order to address the issues of child and adolescent victims of trafficking and harmful practices such as FGM and early marriage. Support will be provided for the demobilization and social reintegration of child soldiers. Communities will receive training and sensitization on emergencies and conflict management.

13. The **PHC** programme will focus on the reinforcement and revitalization of the PHC system as a crucial pre-condition for any intervention aimed at offering a minimum package of quality services. This, along with the opportunities offered by the polio eradication campaign, will create a favourable environment to ensure sustained immunization services, vitamin A supplementation and malaria control, with an emphasis on the use of impregnated bednets. Priority interventions will include: HIV/AIDS prevention, control and care; the control of iodine deficiency disorders through the universal use of iodized salt; breastfeeding promotion; and the rehabilitation and construction of wells and low-cost sanitation facilities, focusing on schools, communities and health centres. As part of emergency preparedness, specific initial stocks of drugs and basic equipment will be positioned to ensure first aid.

14. The **basic education** programme will contribute to ensure that school-age children, and girls in particular, have access to and attend school regularly and benefit from new approaches and methodologies. Children's and women rights will be mainstreamed, and concepts of education for peace and girl-friendly schools will be disseminated. Community initiatives will be promoted to ensure functional schools equipped with latrines facilities and water points. Students will be empowered with life skills, particularly for protection against HIV/AIDS. Schools will be prepared for a quick response to emergencies. Functional female literacy will be promoted as an approach to increase girls' attendance. This programme will serve as a catalyst in the nationwide promotion of the early childhood development concept. Support will be provided to selected community-based centres — *Djemberems* — which involve nurses, teachers and shopkeepers.

15. The **social policy and communication for development** programme will support other programmes and contribute towards capacity-building of national bodies through training and expertise in the development of social policies for the preparation and execution of the PRSP. Advocacy will be pursued at the level of senior authorities for the effective implementation of social policies of direct benefit to children. Planning processes will be enhanced, including emergency preparedness and adequate response. Alliances will be built with NGOs, journalists, community-based organizations, traditional leaders and stakeholders at all levels. Implementation of each programme will be supported through advocacy, social mobilization, media visibility and fund-raising activities. The development and effective implementation of the Integrated Monitoring and Evaluation Plan and the Integrated Communication Plan will enhance programme performance.

16. **Cross-sectoral costs** will support human resources and operational costs related to the five programme activities.

Estimated programme budget

Estimated programme cooperation, 2003-2007[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Protection and participation	750	4 000	4 750
Primary health care	1 300	9 000	10 300
Basic education	1 008	4 000	5 008
Social policy and communication for development	770	1 000	1 770
Cross-sectoral costs	1 296	-	1 296
Total	**5 124**	**18 000**	**23 124**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.